



CENTRAL CAROLINA
COMMUNITY COLLEGE

CHANGE OF STUDENT DATA REQUEST FORM

Date _____

ID _____
STUDENT ID or last 4 of SSN

Date of Birth _____

NAME _____
(as it currently appears in CCCC records—please print)

You may change the following data with this form. Please indicate data to be changed.

New Address _____
Number Street City State ZIP County

Telephone (Include area code) _____ Home Work Cell

_____ Home Work Cell
_____ Home Work Cell

Email address (indicate type) _____ Home Work
_____ Home Work

(signature required for any changes): _____

Changes to Social Security number and name changes require documentation and must be handled by providing supporting documentation on one of the three main campuses. Call for details.

Please note that any name changes made the week prior to the start of the semester or during a semester will immediately change on class rosters but will not update in Blackboard and Cougarmail until the following semester.

Please mail or fax to:

CCCC Records Office

1105 Kelly Drive; Sanford NC, 27330

Phone: 919-718-7201 or 1-800-682-8353 x7201

Fax: 919-718-7379